

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **Neahkahnie Water District**

PWS ID# **4 1 00506**

Month/Year **08 / 2024** Entry Point: **WTP-B (Fyd.#66)**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		spr's 1-3 + Pirates spr 	0.47	
2			0.47	
3			0.47	
4			0.46	
5			0.47	
6			0.48	
7			0.48	
8			0.43	
9			0.50	
10			0.64	
11			0.46	
12			0.52	
13			0.52	
14			0.52	
15			0.49	
16			0.45	
17			0.47	
18			0.42	
19			0.53	
20			0.51	
21			0.45	
22			0.40	
23			0.43	
24			0.40	
25			0.41	
26			0.41	
27			0.41	
28			0.57	
29			0.51	
30			0.42	
31			0.41	

Was the chlorine residual ever less than the required minimum residual of **0.40** mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Scott Amorrill Signature: Date: 08 / 31 / 2024	Title: System OP/DRC Phone #: (503) 804-4649	Operator Certification #: T-09278 OR D-09279 Small Groundwater System <input type="checkbox"/>
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